Legal name of team									
Special New York State identification number Schedule A - Nonresident members qualifying and participating in New York State group return (attach as many Schedule A forms as needed)									
A	B	C	D	E E	F				
Name (in either alphabetical or social security number order) and address of nonresident member	Member's social security number	Total duty days (see instructions)	New York State duty days (see instructions)	New York State allocation percentage (divide column D by column C)	Total compensation (see instructions)				
					<u> </u>				

Totals (If you are filing more than one attachment, enter the grand totals from all attachments on the last attachment sheet; leave

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the other total boxes blank.) Enter on the appropriate line

on Form IT-203-TM

	11 200 1W A1
Legal name of team	
Legal name of team	

Special New York State identification number	

G	Н	I	J	K	L	M	N
New York State taxable income (multiply column F by column E)	New York State tax (multiply column G by .077)	New York State tax withheld (see instructions)	New York State estimated income tax paid/amount paid with Form IT-370	Total payments (add columns I and J)	Balance due (subtract column K from column H)	Overpayment (subtract column H from column K)	Other group returns (see instructions)